

☐ Initial Enrollment☐ Enrollment Change**Mark all boxes and complete all sections that apply. Return completed form to your Employee Benefits office.**

APPLICANT	Your Name (Last, First, Middle) <input type="checkbox"/> Name Change (include former name)		Group Name Shelby County Government		Group Number(s) 642998	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire		Job Title/Department	
BASIC LIFE	Basic Life Insurance – Required (Plan 1) <input checked="" type="checkbox"/> Amount is two times annual salary.					
BASIC LIFE BENEFICIARY	<input type="checkbox"/> New Beneficiary Designation <input type="checkbox"/> Beneficiary Designation Change <i>This designation applies to your Basic Life Insurance policy number 642998, which is available through your Employer. Designations are not valid unless signed, dated, and submitted to the Employer during your lifetime. See page 2 for further information.</i>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
ADDITIONAL LIFE	<i>Check with your Employee Benefits office about coverage options available to you and Evidence Of Insurability requirements.</i> Additional Life Insurance – (Plan 2) <input type="checkbox"/> Additional Life – Please check the amount of coverage requested. <input type="checkbox"/> Cancel Additional Life <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000					
ADDITIONAL LIFE BENEFICIARY	<input type="checkbox"/> New Beneficiary Designation <input type="checkbox"/> Beneficiary Designation Change <i>This designation applies to your Additional Life Insurance policy number 642998, which is available through your Employer. Designations are not valid unless signed, dated, and submitted to the Employer during your lifetime. See page 2 for further information.</i>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
DEPENDENTS	Dependents Life Insurance <input type="checkbox"/> Family coverage - Please check the amount of coverage requested. <input type="checkbox"/> Cancel Dependents Life <input type="checkbox"/> \$5,000 Spouse/\$5,000 Per Child <input type="checkbox"/> \$10,000/\$5,000 <input type="checkbox"/> \$15,000/\$7,500 <input type="checkbox"/> \$20,000/\$10,000 Spouse Name _____ Date of Birth _____ <input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Date of Add/Delete _____					
	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
SIGNATURE	Member/Employee Signature Required		Date (Mo/Day/Yr)			
To be completed by the Employee Benefits office.						
Applicant/Employee ID		Date Processed		Processed By		

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.